

A descriptive analysis is presented of the activity of the National Better Business Bureau in the field of health and safety. This work is carried on through the Food, Drug, and Cosmetic Division. Various aspects, including its relation to other agencies, official and voluntary, and its educational work are discussed.

THE HEALTH ADVERTISING PROGRAM OF THE NATIONAL BETTER BUSINESS BUREAU

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MEDICAL quackery and the promotions of nostrums and worthless drugs were among the most prominent abuses which led to the establishment of formal self-regulation in business and, in turn, to the creation of the NBBB. Problems in the health area have loomed large with the passage of time and have increased not only in number, but in subtlety and complexity. It would appear that education, regulation, and enforcement are well matched by the ingenuity and craft of the designing dealer in dubious remedies and health services.

The Better Business Program

The cornerstone of the Better Business Bureau structure, which had its origin in local vigilance committees to detect and eliminate improper business activity, is voluntary control. This method can help to stem abuse while advertising is planned or proposed, thus preventing possible harm to the public and to responsible competition. The most effective work, therefore, is often done before a health or scientific claim is exposed.

The National Better Business Bureau

and the more than 120 local bureaus* are independent nonprofit organizations, established and maintained by business firms, including the communications media, to protect themselves and the public from selling practices and advertising which are unfair, misleading, or fraudulent. Daily "casework" for the most part consists of answering inquiries about products on the market or proposed for sale through general advertising. Any responsible question is given a fair, impartial answer, without charge, based on information that may be made public. Many consumer inquiries stimulate negotiations with advertisers and producers whose presentations may be deliberately or inadvertently misleading, if not actually false. All reasonable means are used to discourage practices which impair the honest and effective seller-buyer relationships, guiding advertisers and the consuming public as well. This philosophy of enlightened self-interest rests on the willingness of business to dis-

* As of July, 1965, there are 131 local bureaus affiliated with the Association of Better Business Bureaus, located in the United States, Canada, Central and South America, and Israel.

cipline itself and to advance the cause of truth and fairness in the public interest.

The Food, Drug, and Cosmetic Division, one of the largest at NBBB, is concerned with advertising of services, processes, products, and devices in the field of health and safety. Here, false, fraudulent, and highly exaggerated claims may result in inappropriate self-treatment with worthless products. Misrepresentation may lead to delays in obtaining necessary and competent medical treatment, causing injury to health, as well as to the pocketbook. In appraising advertisements, promotions, mailings, and other approaches to the public, the division staff follows a simple, informal, investigative procedure. It is our normal practice to review our files, first, to find out what experience we or our affiliates may have had. When we have questions or doubts concerning the relationship of the advertising claims to the product based on its stated ingredients or method of use, we request the advertiser to provide scientific substantiation and may also seek professional consultation.

We have the benefit of a scientific advisory group. They render opinions without charge and, incidentally, without the benefit of citation, so that they may comment freely. If the documentation and interpretation of data are satisfactory, we indicate to the questioner that we have no objection. Otherwise, we may request modification or we may suggest that the product or the advertising does not meet the bureau's standards of worth and truthfulness. When voluntary cooperation is not achieved, we often refer the matter to the appropriate official agency if it appears that there may be a violation of law. We also enjoy the cooperation of organized medicine, professional societies, and voluntary health organizations, as advisers and as agencies which may join in pub-

lic education and occasionally in supporting sanctions.

We do not enter into the doctor-patient relationship or, for that matter, into professional relationships. We are self-limited to representations which affect the public directly, but we also see the professional as a member of the public. Although this division appreciates the role of the physician, it also recognizes—as does the medical profession—the place of self-medication. Our basic role, therefore, is to protect the public against deceptive advertising of proprietary or nonprescribed items.

In 1958, the bureau reported that it was receiving "five times as many inquiries regarding the advertising and sale of drug and cosmetic products as it was just three years before and, lamentably, ten times as many complaints." In that year a special program was instituted with the aid and support of the American Medical Association for correcting deceptive or misleading advertising in the health field. The program is still actively maintained to investigate specific claims, to assist and furnish guidance to national and regional advertisers and media, to prepare bulletins, and to cooperate with science writers and health educators, all toward the elimination of false or harmful advertising and the instillation of truth and fairness in presentations to the public.

The Health Area

The nature of the subject matter, involving evaluation of scientific evidence offered in support of all types of health advertising, requires a substantial amount of investigation and delicate inquiry into many areas beset with conflicting professional opinion and public belief. Our search for the facts includes careful analysis of product and device components, methods of diagnosis, treat-

ment, and public health practice, as well as a review of government proceedings. This effort is realized not only in day-to-day casework on particular advertisements or claims—the basic and primary activity of the division—but also in the preparation of professional and public statements of a comprehensive character.

Some of the most difficult areas with which we deal are advertising claims based on clinical or other “test data” which are inadequate to prove anything, or which are misrepresented in some manner; claims which exaggerate or fail to qualify the benefits which the vast majority of users of a product may expect to obtain; advertising which creates the erroneous impression through headlines or overemphasis of certain claims that the product is a cure when it will do no more than alleviate associated pains or symptoms; advertising that disparages competitors; and advertising which misleads through failure to disclose material facts.

Impact of Recent Public Interest

The recent work of the division reflects in large part the new and increasing concern on the part of the American public in the quality and efficacy of drugs, foods, and cosmetics. The widespread publicity concerning the drug industry and public health problems of a serious nature, as well as government's emphasis on consumer protection, physical fitness, and health of the elderly have all contributed to an ever-growing popular interest in health products, both remedies and preventives. The average consumer, however, lacks scientific knowledge and a basis for discriminating in most matters pertaining to health. Add to this a general inability to accept the fact that there are certain diseases for which no cure is yet known to medical science; the perpetual search for the “fountain of youth” which seems to

permeate our society; the eagerness of the afflicted to believe in promises of the quick, easy, “miracle” remedy; and the naive trust that if something is printed “it must be true” or the government would prohibit it.

The fact is that some media assume little responsibility for protecting their audiences from fraud by questioning copy claims. Furthermore, it seems that the American public expects that almost anything can be done. Our achievements in space, in electronics, in medicine, all tend to assure that tomorrow will bring a new cure. Almost any advertisement that builds on phrases such as “new discovery” or “miracle development” will apparently receive a receptive eye or ear. The mere fact that a drug or preparation is advertised at all appears to many consumers to constitute some warrant or justification for its safety and adequacy, if not efficacy.

These create the climate in which false, deceptive, or fraudulent promotions flourish, and this is the climate to be dissipated by health education and antiquackery programs. The problem today lies not so much in the advertising and sale of completely worthless products, but in the extravagant and colorful claims which suggest that a product can do much more than is scientifically justified. We are therefore not dealing with the old “devil-quack” who knowingly falsified and deliberately sold pseudoscience, but with the often equally pernicious puffer and promoter.

Fortunately, through bureau influence and in the public interest, media—notably the daily press and broadcasters—have become far more selective in acceptance of advertising. They are rapidly proceeding to develop codes for self-guidance and to scrutinize medical claims more carefully. They call upon the bureau for factual reports and interpretations, and many are establishing their own professional relationships and sources for technical advice. Local

medical groups and health agencies have been enlisted for such consultation.

Casework

The annual volume of complaints and inquiries has ranged between 5,000 and 6,000. On the average, in recent years there have been eight or nine questions or inquires for every complaint received. This pattern began to emerge in 1959, soon after the establishment of the division's special program which emphasized counsel and aid, education, and the formulation of standards, as well as exposure of fraudulent or misleading practices.

Subjects and Problems

In a sample of about 2,700 cases (all types except general inquiries and requests for publications), the highest proportion of inquiries and complaints during 1962 involved *drugs* (about 60 per cent), principally vitamin and mineral products and other preparations intended to maintain general good health (Table 1). (Some of these may be equally considered foods.) Within the drug category, the next largest group involved medical preparations for obesity reduction or weight control, followed by various types of analgesics, many sometimes sold as headache and tension relievers and at other times for the relief of minor pains of arthritis and rheumatism.

In the food category, weight reduction and diet formulas were major items. Almost half of the total division activity, therefore, was associated with nutrition in its broadest sense.

Skin preparations of various types, both of a cosmetic character and with medical claims, were also prominent. These included drugs, tablets, salves, and creams for the relief of acne, pimples, psoriasis, and other dermatological problems.

The division also received a substantial number of inquiries concerning hair and scalp treatments advertised by mail and through the press, cosmetic preparations for hair coloring, tinting and management, and preparations and devices for the removal of unwanted facial hair, including electric epilators, as well as chemical depilatories and cosmetic creams and lotions.

There has been an increasing number of questions concerning devices such as air purifiers and ion-generators intended to assist persons with asthma, allergy, and similar ailments. Other devices ranged from "magic" stones to complex exercisers and "home sauna" baths.

Most of these problems or subjects were important in prior years, but certain new issues have come to the fore. Safflower oil products and cholesterol-inhibiting drugs and preparations to stop smoking produced a substantial number of inquiries and complaints. Personal hygiene products, perennials of long standing, facial preparations, and health climate advertisements were also prominent. Questions about electric toothbrushes, a recently developed product, and new types of dental preparations, particularly for persons with false teeth, also arrived with increasing frequency.

On the other hand, there are now fewer cases concerning mail-order sales of appliances for teeth and eyes, sleep inducers, and preparations for skin tanning. There are now practically no inquiries or complaints about royal jelly or sea water concentrates. The bureau initiated and pursued a vigorous campaign for the virtual elimination of such advertising two years ago.

Complaints and Inquiries: Sources and Subjects

Complaints, some 10 per cent of total casework, are largely from consumers, many of whom appeal to the bureau

after having unsuccessfully tried to obtain satisfaction directly from the manufacturer (Table 2). The bulk of complaints involves a relatively small number of products, principally vitamin-mineral products, weight reducers, expensive devices for massage, hair removal, heat treatment, and mechanical aids for hernias, for hearing, as well as vision and dental problems. There is also a reasonably steady flow of complaints about cosmetic preparations.

The proportion of complaints received at NBBB probably understates their magnitude generally, because many are handled directly or through local bureaus. Moreover, experience suggests that dissatisfaction with products and methods which are of a more intimate or personal variety, such as rejuvenators, hair and scalp treatments, remedies for hemorrhoids, and for certain emotional or mental afflictions and services by professionals, often do not result in

**Table 1—Categories and Typical Health Problems Investigated, 1962
(Percentage* Distribution of Cases in Sample)**

Category and Typical Problem	(Per cent)	(Per cent of Total for Each Category)	
		Inquiries	Complaints
Total	100	90	10
Drugs	60	90	10
Vitamin-mineral supplements			
Analgesics and pain relievers			
Obesity preparations; appetite depressants			
Skin preparations (medical claims)			
Cough and cold remedies			
Cosmetics	15	80	20
Hair preparations and treatments			
Skin preparations (cosmetics)			
Facial creams; wrinkle removers			
Nail strengtheners			
Deodorants and antiperspirants			
Devices	10	80	20
Air purifiers			
Massagers, exercisers, heat generators			
Hair removal devices			
Dental, hearing and vision aids			
Height increasers			
Foods	5	90	10
"Health" and "natural" products			
"Nonfat" and low-calorie diets			
Food plans			
Other	10	90	10
Books, lectures, practitioners			
Services, clinics, methods			
Health endorsements			

* Note: Percentages estimated and adjusted to nearest 5%, based on approximately 2,700 cases involving inquiries from all sources and all types except requests for general materials and publications.

Table 2—Source of Inquiries and Complaints on Health Subjects (Percentage* Distribution of Cases in Sample)

Source	(Per cent)	(Per cent of Total Cases)	
		Inquiries	Complaints
Total	100	90	10
Advertisers—NBBB members	25	25	†
—nonmembers	5	5	†
General public	30	20	10
Media	20	20	—
Local bureaus	15	15	†
Other (Ad agencies, Gov't., C. of C., NBBB)	5	5	†

* Percentages estimated and adjusted to nearest 5%, based on approximately 1,300 cases involving the general public, local bureaus, Chambers of Commerce, separately; and 1,400 cases from all other sources, combined.

† Small percentages.

letters of complaint. The complaints regarding health products also involve failures to redeem guarantees or to deliver, and installment purchase and long-term contracts such as for health salons, and clinics and institutes for reducing weight or increasing height. On balance, however, consumer objections regarding performance and use claims appear to be more numerous and more frequent.

More inquiries come from media seeking to check actual or proposed advertising; from local Better Business Bureaus—often on behalf of local media—to service a complaint or to question present or advance advertising; and from national companies, mainly members of the National Better Business Bureau. It is estimated that of some 700 recorded inquiries from business firms, over 600 come from NBBB members. Although aid is given without charge to any responsible inquirer, members evidently feel freer to call for information, inquire about questionable programs, or comment on material issued by the bureau. A newsletter for members, begun in 1963, provides current summaries of bureau operations and publications.

The largest volume of single-item, specific service, although not necessarily

the most time-consuming, is still afforded to the general public. It accounts for a third of the total and includes practically all complaints. Another large segment constitutes simple requests for printed materials and information on quackery, fads, and similar subjects. (These were not included in the case analysis.) Also, a numerically small but highly significant chapter in the division's yearbook was devoted to correspondence with government regulatory and enforcement agencies.

Some casework is initiated by the division staff, based on its surveillance of television, radio, and print media, and maintenance of current status data. Requests are sent to firms for standard business information and for substantiation of claims or to government agencies to check on legal and administrative actions. The division also acts when firms, members or not, claim that their advertising has been approved by NBBB. Likewise, we may call attention to unauthorized use of the name of a professional group, such as AMA or the American Heart Association. Although NBBB offers constructive criticism and suggests improvement, the implementation of such recommendations does not

constitute approval for commercial advantage since NBBB restricts its statements to factual analysis.

Perhaps the major research work of the division is concerned with making recommendations for improving advertisements, based on review of proposed copy, for print and broadcast media. About 250 advertisements or advertising campaigns are intensively investigated each year. Roughly two-thirds of this number were drug items; the balance was divided among cosmetics, foods, and devices in that order.

Among the more important groups of copy or commercials reviewed were:

Nutrition Preparations — Vitamin-mineral food supplements, diet control products and programs; representations for various fats and oils such as safflower; appetite depressants and suppressants; and "health" tonics.

Remedies for Chronic Disease and Disability — Devices and preparations for relief of arthritis aches and pains; massagers and exercise devices for the relief of pains of rheumatism, neuralgia; products for quieting of so-called nervous disorders; clinics for cancer, rheumatism, and arthritis; various baths and hydrotherapy devices.

Skin Disease Preparations — Pills, pastes, powders for acne; formulations for psoriasis; cosmetic creams, and devices alleged to prevent or remove facial wrinkles and lines; and skin rejuvenators.

Air Purifiers—Electronic and mechanical devices to relieve allergic and respiratory conditions such as air purifiers, negative ion devices, ozone generators; and devices for better home atmosphere.

Dental Preparations and Devices—Preparations for dental adherents, reliners, basers, and other means for accommodating false teeth and plates; toothbrushes, hygienic mouth preparations and, to a lesser extent, various dentifrices, toothpastes, and powders.

Home Electrical Devices—Electrolysis devices, massagers, exercisers to trim weight and improve circulation, posture, and appearance.

Optical Items—Contact lenses, bifocal and omnifocal lenses.

Hair Preparations—Preparations of so-called hair and scalp "specialists"; hair restorers and hair removers.

Cough and Cold Remedies—Pills, nonprescription syrups and drugs; antihistamines of various types.

Automatic Vending of Health Items—Diabetes testing devices.

In addition to investigating and handling inquiries on *products*, the Food, Drug, and Cosmetic Division investigates and reports on a variety of "medical" and so-called educational *activities*. Among these are the operations of chiropractic treatment centers, health and beauty salons of various types, and spas and baths. Advertisements for "health" books, as well as the activities of health lecturers, are also within the scope of the division.

About half the advertisement-review cases were closed by voluntary cooperation; that is, accepting recommended modifications or deletion of unsubstantiated claims or by discontinuing existing campaigns. The agreement to abide by truth-in-advertising, especially where subjective interpretations may be involved, does not always come easily. Not uncommonly, correspondence detailing technical comments, collection of opinions from consultants, and library research may take several months. Often the advertiser requests a personal staff conference to discuss his data, present his arguments, legal as well as medical. About 50 such conferences were held in 1962, for example.

Proposed advertising and/or promotional literature may be submitted to NBBB before approaching media or developing it for selling purposes. Three such instances arose in the vitamin-mineral field alone. NBBB recommendations to limit claims and to eliminate the suggestion that all persons could benefit from general use of vitamins were accepted in two cases; in the third situation, advertising was discontinued.

Sanctions

There is a basic difference between bureau procedures and governmental enforcement of laws prohibiting false, deceptive, or fraudulent advertising, and

Table 3—NBBB Formal Referrals to Government Agencies, by Agency and Type of Product or Problem (January-September, 1963)*

Product or Problem	Agency			
	Post Office*	FTC	FDA	Other (New York Attorney General)
Hair and scalp preparations	1	2		
Mail diagnosis (epilepsy)	1	1		
Device			1	
Health records and books	2	1	1	
Hearing aid		2		
Vitamin preparation	1	1	1	
Sex drugs and aids (male and female)	8	1	2	2
Reducing drugs	2	1		
Hypnotism program	1	1		
Cosmetic cream (wrinkles)	2		1	
Reducing program		1	1	1
Health lecturer		1		
Herbal preparation	1		1	
	<u>19</u>	<u>12</u>	<u>8</u>	<u>3</u>

* In some instances, same item was referred to more than one agency.

supervision of labeling of foods, drugs, devices, and cosmetics. As an agency premised on voluntary self-regulation, NBBB holds that the advertiser should prove his claims before making them. Government, on the other hand, must assume the burden of legally proving that the advertising is false, misleading, or otherwise contrary to statute. Further, NBBB considers business performance, consumer effect, and ethical propriety, as well as legal sufficiency, whereas the official agency must work within a legal ambit.

Failure to achieve voluntary cooperation results in one of several courses of action, depending on the subject and its importance. The facts may be publicized appropriately or the case may be referred to the enforcement agency with applicable jurisdiction, considering the nature of the possible violation or the mode of dissemination. In 1962, about 20 cases were referred to the Food and Drug Administration (mas-

sage devices, safflower preparations, reducing products and aids, cosmetics, foods). About half that number were sent for investigation to the Federal Trade Commission and Post Office Department, respectively. Reference is occasionally made to local enforcement agencies where there has been a history of interest or action at this level.

During the first nine months of 1963, the division made 42 official or formal recommendations to various public agencies; almost two-thirds were to the post office mainly on sex drugs and aids, health records and books, cosmetics, reducing programs (Table 3).

The NBBB, however, does not depend solely on official agencies, although it notes all government actions and accords weight to decisions by administrative agencies and courts. It is the position of NBBB that representations to the public should meet the high standards of complete, truthful, and comprehensible communication, based on studies of

performance, safety, and applicability which the advertiser should be prepared to submit in advance of public sale. Success in court or before an administrative body may derive from technical compliance with the law or inadequate prosecution, so that the merits of a problem are not necessarily fully adjudicated.

Assistance to Federal Agencies

Responsibility for prompt and effective enforcement of the federal laws which prohibit false, deceptive, or fraudulent advertising and labeling of foods, drugs, devices, and cosmetics is divided among three agencies. The Post Office Department is empowered to bar use of the mails to those who seek to obtain money through the mail for fraudulently advertised products. The Food and Drug Administration acts against false or misleading labeling of foods, drugs, devices, and cosmetics. The Federal Trade Commission has primary responsibility for the regulation of false and misleading advertising (other than label-

ing, although advertising materials may sometimes be used in such a manner as to become labeling).

The NBBB assists these enforcement agencies when they request information. The Post Office Department, for example, made about 15 such requests and the Federal Trade Commission about ten during 1962. FTC personnel often visit in person.

In the first three quarters of 1963, 28 formal requests were honored, exactly half from the post office and the balance from four other agencies. Again, sex drugs were prominent; others included reducing drugs, hearing aids, hair and scalp preparations, and several devices (Table 4).

Consultation with Other Groups

The division is called on to advise on proposed policy statements, informational literature, or standards under development by professional and voluntary groups. Formal suggestions have been made to the TV Code Authority on

Table 4—Formal Referrals by Government Agencies to NBBB, by Agency and Type of Product or Problem (January-September, 1963)

Product or Problem	Agency				
	Post Office	FTC	FDA	New York Attorney General	U. S. Justice Dept.
Pharmacy promotion	1				
Hearing aid	1	5			
Personal (female) product	1				
Reducing drugs	2		1		
Sex drugs and aids (male and female)	5				
Herbal preparation	1				
Hair and scalp preparation	1	1			
Vitamin supplement	1			1	
Smoking deterrents		1			
Health book		1			
Device (massage)	1	1			
Device (pregnancy tester)			1		
Hazardous toy			1		
Cosmetic (gelatin-type)					1
	14	9	3	1	1

guidelines for weight-reduction items, and to the American Nurses Association regarding a guide for media covering use of nurses in advertising. A booklet on fakes and swindles in the health field, "Your Money And Your Life," was documented for the Food and Drug Administration which distributed it at the Second National Congress on Medical Quackery, held in Washington, October, 1963.

Public Service and Education

Reports are issued as required for general distribution or for selected groups. These deal with subjects of wide interest and serve both to inform and to guide the reader. For example, bulletins were issued on FDA advertising under the 1962 law, on a Federal Trade ban emphasizing affirmative disclosure in advertising of a tonic and hair-scalp treatment; on nutrition; and electrolysis for hair removal. These not only outlined details of the specific problem, but also indicated—particularly to media—what can be considered acceptable statements of therapeutic or cosmetic claims.

The story behind two releases is typical. One issued in July, 1963 was a comprehensive bulletin entitled, "Advertising of Preparations Purported to Grow Hair and Prevent Baldness." Despite repeated actions by federal agencies and campaigns conducted by Better Business Bureaus and health organizations, false and misleading advertisements for this type of product are still disseminated to the public. They were appearing when the NBBB was established and they are still with us today. They are less crude, to be sure, in their claims, but no less worthless in performance, because there is still no known drug preparation, device, or method of treatment generally available to the public which may be truthfully advertised as a cure, remedy, or competent treatment for common baldness;

to prevent common baldness; or to stop or prevent falling hair in cases of common baldness.

The bulletin reaffirmed our long-held position and a warning press release was issued to the public. That position was derived from a stream of cases in this field instituted by the FTC, the FDA, and the Post Office Department. Whether or not it will have any affect upon man's age-old hope for overcoming baldness, or the quacks' willingness to cater to it, remains problematical. On the other hand, the American Medical Association refers to this bulletin and uses copies to answer inquiries.

The second bulletin, dealing with Regimen, a heavily promoted tablet preparation for weight control, was issued in August, 1963. Regimen has been the subject of federal and state legal action as well as NBBB consideration for over six years and is now under review in two court actions. The NBBB has issued a total of nine bulletins on this product and its promoters. The August bulletin was issued because representations by the company implied that the government was no longer concerned with Regimen advertising. Since this implication was far from the truth and media had no way of determining the facts, our bulletin reviewed the many governmental proceedings involving this product and concluded with the statement that in our view current Regimen advertising continued to be not in the public interest. In November, 1963, this explanation and position was reiterated in the ninth bulletin after the FTC dismissed the case for reasons of public interest, but not on review of the merits.

Getting the Regimen record untangled and up to date required contact with all of the agencies involved and included a survey of all Better Business Bureaus on current advertising of the product and informal discussions with the advertiser. When the facts were clear, a

draft of the bulletin was prepared and it went through the same office-screening procedure. As a secondary gain, the August release provided the governmental agencies with certain unknown details on what each had done and was doing.*

Professional Activity and Education

The division has been particularly active in public education, cooperating not only with communication media, but with voluntary health organizations. The NBBB has specifically joined with the AMA in its continuing campaign against quackery and pseudoscience. A meeting was called by the director of the division at which a score of voluntary health organizations, including the AMA and ADA, discussed responsibility for reviewing and consulting on health advertising to maintain public confidence

* In May, 1965, the promoters, including the advertising agency, were found guilty by a federal jury on various counts to defraud the public in the sale and advertising of the drug. Appeals have been filed.

Guilty pleas were filed in April, 1964, in the proceedings brought by New York State alleging misleading advertising under the penal law. The NBBB cooperated with government authorities in the trial proceedings.

and professional integrity in medical and related fields. It was suggested that there might be useful cooperation on guidelines for basic criteria for acceptable medical and other evidence; proper professional responsibility; advertising and promotion of health books, and other literature; qualifications of health lectures and demonstrations; and methods for considering scientific substantiation of claims. The National Health Council, the agency coordinating voluntary health groups, will now proceed to develop an appropriate means of participation.

In so far as possible, the division plans to concentrate on education and cooperation with professional groups. Prevention is to be preferred to correction. Specifically, the division contemplates publications on current fraudulent and improper practices, stressing the message of "investigate before you invest" and suggesting means for individual evaluation of claims and promises. Under consideration, as a result of recent quackery, is a plan for local cooperation between Better Business Bureaus and medical groups, official as well as voluntary professional bodies which reach consumers.

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